

## Participant Informed Consent Forms

### *Cultural Domain Analysis*

#### **CULTURAL DOMAIN ANALYSIS CONSENT FORM FOR PROJECT PARTICIPANTS Version 2 (10.06.2021)**

**Title of Project: Lamivudine (3TC) plus dolutegravir (DTG) dual therapy: a study on patients' experiences and perceptions**

**Name of Researcher and School: Giovanni Villa, Diego Garcia, and Caroline Ackley, BSMS**

**REC reference 21/NW/0070**

*Please tick box*

**Yes      No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| • I consent to being interviewed by the researcher   | <input type="checkbox"/> | <input type="checkbox"/> |
| • I agree to allowing the interview to be audio-recorded   | <input type="checkbox"/> | <input type="checkbox"/> |
| • I agree to allowing the digital notecards to be saved during the interview   | <input type="checkbox"/> | <input type="checkbox"/> |
| • I consent to the use of anonymised quotes in publications from the research  | <input type="checkbox"/> | <input type="checkbox"/> |
| • At this point in time I agree to be contacted again for a further interview or focus group discussion. If I change my mind, I will inform the researchers.   | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand that in exceptional circumstances e.g. where the health, welfare and safety of myself or others is compromised by information I might disclose, the researcher will be legally required to pass this information to your GP or the HIV clinical team. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand that any information I provide is confidential, and that no information that I disclose will lead to the identification of any individual in the reports on the project, either by the researcher or by any other party                               | <input type="checkbox"/> | <input type="checkbox"/> |
| • I have read the information sheet, had the opportunity to ask questions and I understand the principles, procedures and possible risks involved.   | <input type="checkbox"/> | <input type="checkbox"/> |

- I consent to the processing of my personal information and data for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the Data Protection Act 2018. ☐ ☐
- I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way nor do I have to give reasons for this. ☐ ☐
- I agree to take part in the above Brighton and Sussex Medical School (BSMS) research project ☐ ☐

|                      |  |
|----------------------|--|
| Participant<br>Name: |  |
| Signature            |  |
| Date:                |  |

|                     |  |
|---------------------|--|
| Researcher<br>Name: |  |
| Signature           |  |
| Date:               |  |